FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # N27317 (9)

1. Corporation Name

THE WOMAN'S CLUB OF PANAMA CITY, FLORIDA, INC.

Principal Place of Business	Mailing Address
WOMAN'S CLUB OF P.C 350 COVE BLVD. PANAMA CITY FL 32401 US	250 COVE BLVD. PANAMA CITY FL 32401 US

3. Date Incorporated or Qualified: 07/08/1988

4. FEI Number: 59-1202974 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 350 Cove Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLMERY, MAXINE (MRS. J
316 CHERRY STREET
#36
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LOGUE, ALICE		1.2 NAME		
STREET ADDRESS	BAY POINT BOX 27366		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SUTTON, SULLY		2.2 NAME		
STREET ADDRESS	2205 W. 21ST STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FULTON, AMI		3.2 NAME		
STREET ADDRESS	3115 W. 30TH COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLMERY, MAXINE		4.2 NAME		
STREET ADDRESS	316 CHERRY ST., #36		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VICKERS, IMOGENE		5.2 NAME		
STREET ADDRESS	1032 BRITTON ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN, HAVEN, FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HANEY, SARAH		6.2 NAME		
STREET ADDRESS	3304 ROBINSON BAYOU CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maxine Colmery Treasurer
Maxine Colmery Treasurer

1/10/98 850-785-4850
Date Daytime Phone #